



# Professional Growth Option

Teacher Name \_\_\_\_\_ Year \_\_\_\_\_

Building Name \_\_\_\_\_ Assignment \_\_\_\_\_

Evaluator Name \_\_\_\_\_

1

**GOAL(S):** What do you hope to accomplish?

2

**ACTION PLAN:** What will you do to accomplish your goals?

3

**ASSESSMENT:** How will you know if you are successful? (Peer involvement is encouraged.)

4

**BUDGET REQUEST:**

**ITEM**

**COST**

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5

**How does the requested budget help to meet your goals and your action plans for the year?**

6

**Budget Request Approved by:**

\_\_\_\_\_  
*Evaluator*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Operational Technology Coordinator*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*(if technology  
purchase request)*

\_\_\_\_\_  
*Assistant Superintendent Human Resources*

\_\_\_\_\_  
*Date*

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